						COVERPAGE
Recipient Committee Campaign Statement Cover Page				Date Stamp	CALI	CALIFORNIA 460 FORM
	from	Statement covers period	Date of election if applicable: (Month, Day, Year)		Page	Page STITILL 2019 PM4: 19 CEGNORIGATUS COMPTEDE
SEE INSTRUCTIONS ON REVERSE	through	gh 06/30/2019	11/03/2020			
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2,	es – Complete Pa	arts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall Also Camplete Part 5)	Committee Controlled Controlled Sponsored Asso Complete Part 8)	Formed Ballot Measure e e Miled sored	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	Ermination)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form △	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
Canalizar Purpose Confinituee Sponsored Small Confributor Committee Political Party/Central Committee	☐ Primarily Formed Officeholder Com (Also Complete Part?)	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part ?)		.		
3. Committee Information	1.D. NUMBER 1342332	H 0	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	AITTEE)		NAME OF TREASURER			
Patino for Mayor 2020			Tom Martinez MAILING ADDRESS			
			2624 Airpark Dr.			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
2624 Airpark Drive			Santa Maria	Ð	93455	(805) 934-5737
CITY	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY		
Santa Maria	93455	(805) 934-5737	Trent Benedetti			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	R P.O. BOX		MAILING ADDRESS 2151 S. College Dr.,	Ste. 101		
CITY STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Santa Maria	CP CP	93455	
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS	RESS		
T COURT OF THE PARTY OF THE PAR						

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct.

3	By	By I
40	1/2) Date	4/29/2019
5	Executed on C	Executed on

regalupro Assalum I reasurer	ate, State Measure Proponent or Responsible Officer of Sponsor	Shake Managara December
Most Marine of	Signature of Controlling Officeholder, Candida	3
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Date

Executed on -

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Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

ponent
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Officeholder or Candidate Controlled Committee	ittee 6.	. Primarily Formed Ballot Measure Committee	Measure Committe	e.	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Alice Patino OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF Mayor	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	□ □ □	SUPPORT
ENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STATE	Identify the controlling officeholder, candidate, or state measure proponent, if any.	holder, candidate, or	state measure pro	onent, if any.
2624 Airpark Drive	Santa Maria LA 93455	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	atement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	÷
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. 	Jate/Officenoider C or which this committee	sommittee List n is primarily formed.	ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP (ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEENAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	SOX)		_		
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	f necessary	

Compositor Disclosuro Statement				SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA 460
		from	01/01/2019	TORIN I
SEE INSTRICTIONS ON REVERSE		through	06/30/2019	Page 3 of 4
NAME OF FILER				I.D. NUMBER
Patino for Mayor 2020				1342332
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 00.0	00.00	General Elections	115 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +		00.00	20. Contributions Received \$	0.00 \$ 00.0
4. Nonmonetary Contributions	00.00	00.00	<u>les</u>	450.00 \$ 0.00
Expenditures Made 6. Payments Made	\$ 450.00	\$ 450.00	Expenditure Limit Candidates	Expenditure Limit Summary for State Candidates
	00.0		22. Cumulativ	22. Cumulative Expenditures Made*
	\$ 450.00	450.00	(if Subject to	(if Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid bills)		00.0	(mm/dd/yy)	lotal to Date
	\$ 450.00	\$ 450.00	11 / 06 / 2012	\$ 74,619.90
Current Cash Statement			11 / 08 / 2016	\$ 20,691.35
Previous	\$ 6,586.82	To calculate Column B, add	11 03 2020	1,619.85
13. Cash Receipts	00.0	corresponding amounts from Column B of your last	*Amounts in this section green for reported in Column B.	*Ampunts in this section may be different from amounts . 63 reported in Column B.
15. Cash Payments	450.00	report. Some amounts in Column A may be negative figures that should be		
		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	9	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	00.0			FPPC Form 460 (Jan/2016

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Amounts may be rounded to whole dollars.

SCHEDULE 4 5 CALIFORNIA I.D. NUMBER FORM 4 Page _ Statement covers period 01/01/5019 06/30/2019 through from

1342332

SEE INSTRUCTIONS ON REVERSE Patino for Mayor 2020 NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

meetings and appearances member communications campaign paraphernalia/misc. campaign consultants

<u>유</u> contribution (explain nonmonetary)* candidate filing/ballot fees civic donations

SSC

d 2 2 4 5

<u>d</u> CHB

petition circulating office expenses phone banks

postage, delivery and messenger services professional services (legal, accounting) polling and survey research F 2 2 8 8 E independent expenditure supporting/opposing others (explain)* fundraising events legal defense

campaign literature and mailings

print ads

campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals radio airtime and production costs returned contributions RAD SAL SAL TEL TEL VOT WEB

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

information technology costs (internet, e-mail) voter registration

NAME AND ADDRESS OF PAYEE (IF COMMITTE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO	Accounting		150.00
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	OFC	Netfile Fee		300.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rized on S	chedule D.	SUBTOTAL\$	450.00

Schedule E Summary

450.00 4

0.00

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- 00.0 4 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).............. 2. Unitemized payments made this period of under \$100
- 450.00 4

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov